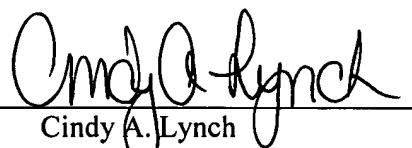


**REMARKS**

Claims 1-12 were pending in the present application. Claims 13-20 were added. Accordingly, claims 1-20 are currently under consideration. The Commissioner is authorized to charge any fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3100. It is requested that the Examiner contact the undersigned with any questions regarding this matter.

Respectfully submitted,  
CONOR MEDSYSTEMS, INC.

By:   
Cindy A. Lynch  
Registration No. 38,699

1003 Hamilton Court  
Menlo Park, CA 94025  
(650) 614-4100

Date: June 21, 2004